

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>10/24/00</i>
O.I.P.E. CLASSIFIER		<i>75</i>	<i>01/12/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>854</i>	<i>11-24-00</i>
RESPONSE FORMALITY REVIEW	<i>TZ</i>	<i>56947</i>	<i>03/23/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Original	
Final	
1	<i>02/06/01</i>
2	<i>02/06/01</i>
3	<i>02/06/01</i>
4	<i>02/06/01</i>
5	<i>02/06/01</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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